

A C C O U N T I N G

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Active Accounting System

The following pages provide instruction on how to use the information found on the monthly billing statement and various reports, and how to complete the different insurance forms. This is a *guide only* and will not cover every situation. If you have any questions after reading the instructions, call the Financial Services account representative for your group at (803) 734-1696.

Accounting Definitions:

- **Comptroller General (CG) agency:** Agency that uses the Comptroller General's Office to process its employee payroll.
- **Interdepartmental Transfer (IDT):** A green form used to transfer funds between agencies.
- **Retroactivity (RETRO):** A charge or credit of premiums resulting from an NOE being processed with an effective date prior to the current month.
- **Canceled Warrant (Cnx Warr):** The cancellation of a CG payroll check.
- **Reconciliation:** The comparison of the enrollment files at EIP and the CG payroll deductions for a subscriber.
- **Key:** A description of codes located on the Group Address page of the billing statement.

Active Accounting System Rules

Consistent procedures are necessary to meet the state-established financial requirements. Please study the following policies and guidelines pertaining to financial compliance.

- All balances are due in EIP on the **10th of the month** and must be paid as billed; **do not adjust the billing statement.**
- **ENTITIES MUST CONTRIBUTE NO LESS THAN THE CURRENT STATE EMPLOYER SHARE FOR ITS ACTIVE EMPLOYEES.**
- You must return a completed remittance advice form with every payment. Do not return any other section of the billing statement with your payment.
- Make all checks and Interdepartmental Transfers (IDTs) (agencies only) payable to the Employee Insurance Program (EIP). If your office also is required to pay for retiree, survivor and COBRA subscribers, submit a separate check for these premiums.
- If payment is made by IDT, return two copies of the completed remittance advice form. All IDTs must be forwarded to EIP. Do not send IDTs to the Comptroller General's Office.
- Use the return envelope provided or copy the address shown on the return envelope for all mailings.
- If there is a keying error on the coverage processing section of the bill, please contact the **Operations Unit at 803-734-0614.**
- If there is an inquiry concerning the Account Summary or Billing Summary, contact the **Accounting Department at 803-734-1696.**
- Payment of one month's advance billing is due by July 15 each year for active employees. The advance billing is the total employer contribution for health, dental, life and LTD as determined by EIP enrollment files for July.
- Do not delay the regular remittance of monthly premiums due to failure to collect payments. **PAYMENT IS DUE AS BILLED. THE COLLECTION OF PREMIUMS HAS NO BEARING ON PAYMENT.**

The Billing Statement

On or before the first of each month, Financial Services sends each group a billing statement. This billing statement enables each group to maintain the accounting records of each employee. If the group verifies the information printed on the billing statement and communicates with EIP whenever necessary about the data displayed, the financial process for employees' benefits should work smoothly for both you and EIP.

This guide includes descriptions of the billing system for the following state benefits plans:

- State Health Plan
- HMOs
- State Dental Plan
- Dental Plus Plan
- Basic Life
- Optional Life
- Dependent Life Spouse
- Dependent Life
- BLTD
- SLTD
- LTC

Group Address Page

This page contains the group identification number along with the name and complete address of the group. This page also lists the name of the person EIP will contact if there are any inquiries concerning this particular group. The contact person should be the individual responsible for remitting payment for insurance premiums. If there is a change in the contact person or address, forward the new information on letterhead to Financial Services. In the middle of the page is the section that lists the account representative for each group and the return address for EIP. At the bottom of the page, there is a key that refers to the *Coverage Processing* section of the billing statement.

Account Summary Page

- These two pages summarize the prior month's activity, ending with the net premium outstanding from the prior month and the billing for the current month. The first page will list information for the employer share, health, dental, and Optional Life. The second page pertains to Dependent Life, LTC and SLTD. Listed below is a description of each section of the page;
- The *Beginning Balance* lists the Total Net Balance due from the prior month's billing statement;
- The *Payment Transactions* section lists all payments received since the completion of the prior month's billing statement, including CG payroll deductions, canceled warrants and returned checks;
- The *Accounting Transactions* section lists all refunds, canceled refunds and accounting adjustments processed since the prior month's billing statement. There are two types of accounting adjustments; one type is for a subscriber and the other type is an adjustment to the group account. For example, a subscriber adjustment is processed to correct the effective date of a coverage change. A group account adjustment is processed to correct a payment posted incorrectly. If an adjustment is processed for a subscriber, the SSN will be listed on the Account Summary page and an Adjustment form will be included in the billing package. This form will show the amount and explain why the subscriber's account was adjusted;
- The *Net Premium Outstanding* is the total of the *Beginning Balance* less the *Total Payments*, plus (+) or minus (-) the Total Adjustments;
- The *Administrative Fee* is applied to local subdivisions (counties, disabilities and special needs boards, water and sewer districts, alcohol and drug abuse agencies, special hospital districts, special purpose districts, recreation districts and municipalities);
- The *Billing Summary* lists the totals of the current month's billing found on the Billing Summary page;
- The *Total Net Balance Due* is the total of the *Net Premium Outstanding* and the current Billing Summary; and,
- The employer share for health, dental, Basic Life and LTD is rolled into one total, while separate totals are provided for the employee share for health, dental, Optional Life, Dependent Life Spouse, Dependent Life, SLTD and LTC. In addition, a grand total is provided by adding the total employer and employee shares together.

Billing Summary Page

- The two billing summary pages are a breakdown of the amount of the current month's bill for all state benefits plans. The health insurance plans are itemized by level of coverage within each plan;
- On both pages, the summary itemizes the monthly premium by the amount of the employer and employee share for each plan. In addition, a separate total is provided for the current month's figures and retroactive figures. Also, a current month's figure is provided for the total number of subscribers enrolled in each of the state benefits plans.
- **Coverage Processing Section**
- This section provides a detailed listing of all NOEs processed since the completion of the last bill. These changes are listed in alphabetical order by the subscriber's last name, with the information displayed only for the state benefits plan(s) affected by the change. If no NOEs are processed, the group will not receive this section;

- Check each transaction listed on the billing statement against the copy of the NOE to make certain the change was processed correctly. If there is a discrepancy in enrollment processing, contact the Operations Unit;
- The *first column* lists the subscriber's name, with the SSN and date of birth displayed across the page on the same row. The *second column* states which insurance program is affected by the coverage processing entry. The *third column* lists which health plan and coverage level the subscriber elected for each type of insurance. For LTC, the number of units and the number 1, 2 or 3 is displayed. The number 1, 2, or 3 tells you who is enrolled in LTC;
- The *fourth column* states the effective date for each type of insurance. The *next two columns* display the employer and employee retroactive premiums and the current rate. The purpose of the current rate is to assist you in reconciling the bill;
- If the subscriber and spouse are enrolled in LTC, the premiums will be added together to arrive at the retroactive and current rate amounts;
- If the subscriber and spouse are enrolled in LTC, and a change is keyed for the subscriber or spouse only, the retroactive amount reflects the premium change for the entry, and the current rate lists the premium for both subscriber and spouse. If the subscriber and spouse are enrolled, and the spouse terminates the LTC coverage, the retroactive amount reflects the credit for the termination, and the current rate amount reflects the premium for the subscriber;
- The *last column* tells you what type of entry is completed for each type of insurance program. The alpha and numeric characters for the various state plans and LTC codes are located in the key on the Group Address page of the bill; and,
- The grand total for all retroactive figures for each of the state plans can be found after the last employee listed in the Coverage Processing section and on the Billing Summary page of the billing statement for the employer and employee shares.

Remittance Advice Page

Use this page to report the monthly payment of your bill to the Financial Services for the employer and employee share. The Account Summary Balance is the total amount due for the current month. These figures are the same figures located at the bottom of the Account Summary page in the *Total Net Balance* column.

Follow these procedures when completing this page:

- For each payment submitted, identify the document by listing the check or IDT number, the date and the total amount on the first three lines provided;
- List the amount paid for each benefit down the page starting with the employer share and ending with SLTD;
- Verify each payment submitted by adding the amount listed for each state benefits plan to provide a grand total. The grand total should equal the figure listed for the document total; and
- Sign, date and provide a telephone number in the appropriate spaces for the person in each office to contact for questions.

Subscriber Roster

- A listing of all employees on file with each group is printed quarterly (August, November, February and May). Because of the large number of enrollment changes, you also receive a roster with your January billing package. The month for which it is printed appears directly below the title. Use this to update your records and to verify EIP records. The list provides information on each employee's coverage and the monthly employee premium for each of the following state benefits plans:
 - State Health Plan and HMOs;
 - State Dental Plan;
 - Dental Plus Plan;
 - Dependent Life Spouse;
 - Dependent Life;
 - Optional Life;
 - SLTD; and,
 - LTC
- Subscriber rosters are printed in alphabetical order by the subscriber's last name. Each subscriber is listed by last name, first name and middle initial, with the SSN listed in the next column. The total number of subscribers and the total amount of employee premiums for each state benefits plan are on the page following the list of active subscribers;
- Attached to the end of the roster may be a report of the employees who retired on disability but elected to continue Optional Life for the allowed 12-month period. This report shows the name, SSN and the level of coverage for Optional Life only. The report does not display the amount of the premium for these subscribers. If you do not have anyone in this status, this section will not print; and,
- If there is a discrepancy in enrollment on the membership rosters, contact the Operations unit.

Optional Life, SLTD and LTC Waiver Report

Each group will receive a monthly report listing employees in premium waiver status for Optional Life, SLTD and LTC. This report will list the subscriber's name, SSN, effective date of waiver status and the premium waived.

Optional Life, Dependent Life Spouse and SLTD Age Group Change Report

In November of each year, each group receives two reports that list the subscribers enrolled in Optional Life, Dependent Life Spouse and SLTD who will have a premium adjustment effective the following January due to a change in their age bracket. The Optional Life report displays the coverage level and premium amounts for these employees. Subscribers are listed in SSN order with full name and birthday. The SLTD report will display only the subscriber's name and SSN; premiums will not be listed.

Advance Deposit Billing Statement

- Every entity that participates in the state benefits plans is required to make an advance deposit of at least one month's premium for employer contributions;
- At the beginning of each fiscal year in July, the Financial Services bills all entities that participate in the state benefits plans for the advance deposit. Those entities that make the one month's advance deposit receive credit to their group account on the following June bill;
- Those entities that make a yearly deposit receive credit to their group account immediately. This advance deposit for employer contributions is composed of premiums for the following state benefits plans:
 - State Health Plan
 - HMOs
 - State Dental Plan
 - Basic Life
 - Basic LTD
- This bill lists state benefits plans for which the state contributes to the monthly premium and the subscriber count enrolled in each of these plans at the end of June. The subscriber count is multiplied by the current employer rate listed to arrive at the deposit amount; and,
- On Page 3, check one-month deposit or 12-month deposit in the appropriate space and fill in the figure in the Total Remitted space. Sign, date and list a telephone number in the space provided for the contact person in your office.

Leave Without Pay (LWOP)

The Office of Human Resources has established guidelines for all state agencies to follow in administering LWOP policies. The guidelines state that an employee who is in LWOP status for the entire calendar month and does not work at least one full day or use one full day of annual or sick leave, is responsible for remitting **the total employer and employee shares**. Higher Education Institutions, School Districts and Local Subdivisions have the authority to determine LWOP policies for their group.

CG-Payroll-Deducted Agencies

- Collect the total premium due for LWOP employees;
- Submit the personal checks from the employees on LWOP along with an itemized list of the benefits for which the check is paying and each employee's SSN. A copy of the Remittance Advice page may be used as long as the SSN is provided.

All Other Entities

- Collect the total premium due for LWOP employees;
- Deposit the collected LWOP premiums into the group account. These premiums will be part of your normal monthly remittance;
- Employers participating in the state's benefits programs are responsible for collection and remittance of all premiums. In relation to this responsibility, an employee authorizes his employer to collect the employee's portion of the premiums for the plans and coverage selected on the NOE;
- In a LWOP situation, the employer should be consistent and fair with notification and time allowances on premium payments owed by the employee. If the employee does not pay the premiums, the employer can terminate the coverage for non-payment of premiums. The EIP Operations Department rule of terminations being limited to three months would apply to an LWOP termination for non-payment. Remember that as long as an employee is in active status, the employer will be billed and required to pay the premiums to EIP regardless of collection.

Collecting Premiums for Mid-Month Changes

- You must collect premiums for the entire month for family status changes effective **on or before the 15th** of the month;
- Do not collect premiums for the entire month for family status changes effective **after the 15th** of the month;
- You must collect premiums for terminations due to the death of an **employee after the 15th** of the month;
- Do not collect premiums for terminations due to the death of an **employee on or before the 15th** of the month.

This Section Applies to CG Payroll Agencies Only

CG Payroll Deduction Codes

Listed below are the CG payroll deduction codes used in the collection of employee premiums and the MoneyPlu\$ programs:

- 126 = Health
- 140 = Dependent Life Spouse
- 141 = SLTD
- 145 = LTC
- 146 = Optional Life
- 446 = MoneyPlu\$ Optional Life
- 148 = Dental
- 148 = Dental Plus Plan
- 154 = Dependent Life
- 426 = MoneyPlu\$ Health
- 448 = MoneyPlu\$ Dental
- 461 = MoneyPlu\$ Dependent Care Spending Account
- 462 = MoneyPlu\$ Medical Spending Account
- 463 = MoneyPlu\$ Administrative Fees

Payroll Reconciliation Report

- Financial Services provides a monthly, computer reconciliation for all CG payroll agencies. The reconciliation is for the employee share of the monthly premium. The reconciliation for the previous month is forwarded to the agency with the current month's billing statement. Each CG payroll agency receives a printout of differences for the following state benefits plans:
 - State Health Plan and HMOs;
 - State Dental Plan;
 - Dental Plus Plan;
 - Optional Life;
 - Dependent Life Spouse;
 - Dependent Life;
 - LTC;
 - SLTD.
- Reconciliation for all state benefits plans follows the same basic format. The reconciliation report lists the subscriber(s) who are being billed a different amount than the deducted premium. Under the Insurance Master section is the amount of the coverage on the EIP computer system. Under the CG Deduction section is the amount payroll deducted. Listed in the next column is the difference between the two. At the end of each type of insurance are the totals for the Insurance Master section, the CG Deduction section and the Difference column; and,
- Investigate each exception and take proper action to correct the problem.

Group Refund Report and Group Cancelled Refund Report

If refund request forms are processed for your group during a month, you will receive a Group Refund Report with the following month's billing package. This report lists the subscriber's name, SSN and the amount of the refund.

If a refund is cancelled, you will receive a Group Cancelled Refund Report listing the subscriber's name, SSN and the amount of the canceled refund.

Refund Request Form

To receive a refund for a subscriber who has overpaid his premiums for any reason, complete and submit a Refund Request form to Financial Services. (Copy of the form on Page 187).

- Complete the top section listing the basic information. The *Date Sent* is the date the request is forwarded to EIP, not the date the form is completed. The *Reason for Overpayment* is the coverage to which the subscriber changed. Be detailed if there are special circumstances why the employee overpaid; otherwise, a simple termination or payroll error is acceptable;
- The next section identifies when the overpayment occurred. In the first column under each benefit, list the amount deducted. If a canceled warrant has been processed for the employee, identify the month in this column. In the next column, list the premium that should have been deducted. Follow the same procedures for each benefit over-deducted. Fill in the subtotals, the effective date of the coverage change, and the monthly bill on which the entry appeared. The *Total Amount Due* is the amount due for all benefits. List the name and telephone number of the contact person in your office;
- **Do not** submit the request until the correct change has appeared on the bill. Financial Services cannot process the request until the Operations unit has entered the correct change into the computer system and the transaction appears on the billing statement;
- **Do not** submit the request until the payroll deduction has been corrected or stopped; and
- If the Refund Request form is not filled out completely or accurately, the form will be returned to the entity for correction. Financial Services allows 30 days from the date of receipt to process the request.

Unrequested Refund Transfer (URT)

If an employee is due a refund for overpayment of insurance premiums but has terminated employment and the entity has unsuccessfully attempted to forward a refund check to the employee, a URT may be requested. This means the overpayment would be transferred from the employee's account to the employer account.

To request a URT, complete the URT form, attach the envelope returned from the post office stating they were unable to deliver the refund, and forward to Financial Services. The CG's Office will not produce a refund check for amounts less than \$1.00; therefore, a URT must be requested to zero out the employee's balance. (Copy of the form on Page 187).

For Your Information

- Non-CG agencies, school districts, counties and other participating entities must reconcile manually or by their own computer report. A tape of the enrollment files at EIP can be provided for any non-CG group upon request to the Financial Services Unit;
- EIP does not issue an individual refund for a subscriber to non-CG groups. A credit is applied to the billing statement through the processing of an NOE. Each group must refund the subscriber;
- When a refund of tax-deferred premiums is issued to an employee, the employee's taxable salary should be adjusted for his W-2 records. It is not the responsibility of EIP to make sure the adjustment is made.

Retiree/COBRA/Survivor Accounting System

Rules

- All balances are due on the **10th of the month** and must be paid as billed. **Do not adjust the billing statement;**
- Do not combine the payments due for the Active subscribers and COBRA, Retiree, Survivor subscribers into one check: **send separate checks.** Do not send personal checks. All checks should be made payable to the Employee Insurance Program;
- A completed remittance advice form must be returned with each payment;
- Do not return the entire billing statement; return the completed remittance advice form only;
- Use the return envelope provided or copy the address shown on the return envelope for all mailings;
- If there is a keying error on the coverage processing section of the bill, please contact Operations at 803-734-0614;
- If there is an inquiry concerning the Account Summary or Billing Summary, contact Financial Services at 803-734-1696 and,
- Do not delay the regular remittance of the monthly premiums due to failure to collect payments. **PAYMENT IS DUE AS BILLED. THE COLLECTION OF PREMIUMS HAS NO BEARING ON PAYMENT.**

Group Billing Statement

This section applies to local subdivisions (counties, disabilities and special needs boards, water and sewer districts, alcohol and drug abuse agencies, special hospital districts, special purpose districts, recreation districts and municipalities).

The Billing Statement

On or before the first of each month, Financial Services sends each group a billing statement. This billing statement enables each group to maintain the accounting records of each employee. If the group verifies the information printed on the billing statement and communicates with EIP whenever necessary about the data displayed, the financial process for employees' benefits should work smoothly for both you and EIP. This guide includes descriptions of the billing system for the following state benefits plans:

- State Health Plan;
- HMOs;
- State Dental Plan;
- Dental Plus Plan; and,
- Long Term Care.

Group Address Page

This page contains the group identification number, along with the name and complete address of the group. This page also lists the name of the person EIP will contact if there are any inquiries concerning this particular group.

- The contact person should be the individual responsible for remitting payment for insurance premiums. If the contact person or the address changes, forward the new information on letterhead to Financial Services.
- In the middle of the page is a section that lists the account representative for each group and any special messages that Financial Services wishes to convey.
- At the bottom of the page, there is a key that refers to the *Coverage Processing* section of the billing statement.

Account Summary Page

This page summarizes the prior month's activity, ending with the net premium outstanding from the prior month and the billing for the current month. Listed below is a description of each section of the page:

- The *Beginning Balance* lists the *Total Net Balance* due from the prior month's billing statement;
- The *Payment Transactions* section lists all payments received since the completion of the prior month's billing statement and returned checks;
- The *Accounting Transactions* section lists all accounting adjustments processed since the prior month's billing statement. There are two types of accounting adjustments; one is a *subscriber* and the other is an adjustment to the *group account*. For example, a subscriber adjustment is processed to correct the effective date of a coverage change. A group account adjustment is processed to correct a payment posted incorrectly;
- The *Net Premium Outstanding* is the total of the *Beginning Balance* less the *Total Payments*, plus (+) or minus (-) the *Total Adjustments*;
- The *Billing Summary* lists the totals of the current month's billing found on the *Billing Summary* page;
- The *Administrative Fee* is applied to local subdivisions (counties, disabilities and special needs boards, water and sewer districts, alcohol and drug abuse agencies, special hospital districts, special purpose districts, recreation districts and municipalities);

- The *Total Net Balance Due* is the total of the *Net Premium Outstanding* and the current *Billing Summary*; and,
- The employer share for health and dental is rolled into one total, while separate totals are provided for the employee share for health, dental and LTC. Regular Retirees are the only subscribers billed for the employer share. In addition, adding the total employer and employee shares provides a grand total.

Billing Summary Page

- This page is a breakdown of the amount of the current month's bill for the applicable state benefits plans.
- Each subscriber type is listed: Regular Retirees, Retiree Buy-Ins, LTR Retirees, etc. Within each subscriber type the health insurance plans are listed and are itemized by level of coverage within each plan. Separate line totals are listed for the total dental and the total long-term care amounts for each subscriber type section.
- The summary itemizes the monthly premium by employer and employee share for Regular Retirees only. In addition, a separate total is provided for the current month's figures and retroactive figures. Also, a current month's figure is provided for the total number of subscribers enrolled in each of the state benefits plans. The administrative fee is displayed showing total current month subscribers times the current monthly fee.

Coverage Processing Section

This section provides a detailed listing of all NOEs processed since the completion of the last bill. These changes are listed in alphabetical order by the subscriber's last name, with the information displayed only for the state benefits plan(s) affected by the change. If no NOEs were processed, the group will not receive this section;

- **Check each transaction listed on the billing statement against the copy of the NOE to make certain the change was processed correctly. If there is a discrepancy in enrollment processing, contact Operations at 803-734-0614;**
- The *first column* lists the subscriber's name and subscriber type with the SSN and date of birth displayed across the page on the same row. The *second column* states which insurance program was affected by the coverage processing entry. The *third column* lists which health plan and coverage level the subscriber elected for each type of insurance. For LTC, the number of units and the number 1, 2 or 3 preceded by a 2 or 3 is displayed. The number 1, 2, or 3 tells you who is enrolled in LTC. The preceding number indicates when the LTC coverage was purchased. A 2 indicates the purchase of LTC coverage after retirement. The preceding number of 3 indicates LTC coverage purchased before retirement;
- The *fourth column* states the effective date for each type of insurance. The next two columns display the employer and employee retroactive premiums and the current rate. The purpose of the current rate is to assist you in reconciling the bill. If the subscriber and spouse are enrolled in LTC, the premiums will be added together to arrive at the retroactive and current rate amounts. If the subscriber and spouse are enrolled in LTC, and a change is processed for the subscriber or spouse only, the retroactive amount reflects the premium change for the entry, and the current rate lists the premium for both subscriber and spouse. If the subscriber and spouse are enrolled, and the spouse terminates the LTC coverage, the retroactive amount reflects the credit for the termination, and the current rate amount reflects the premium for the subscriber. The last column tells you what type of entry is completed for each type of insurance program;
- The alpha and numeric characters for the various state plans and LTC codes are located in the key on the *Group Address* page of the bill; and,
- The grand total for all retroactive figures for each of the state plans can be found after the last employee listed in the *Coverage Processing* section and on the *Billing Summary* page of the billing statement for the employer and employee shares.

Remittance Advice Page

Use this page to report the monthly payment of the bill to Financial Services for the employer and employee share.

- The *Account Summary Balance* is the total amount due for the current month. These figures are the same figures located at the bottom of the *Account Summary* page in the *Total Net Balance* column;
- Complete this page by following the following procedures:
- Identify each document by listing the check number, the date and the total amount in the appropriate column;
- Itemize the amount of each payment submitted in the appropriate column for each state benefits plan;
- Verify each payment submitted by adding the amount listed for each state benefit plan to provide a total for each column. The column totals should equal the total amount remitted; and,
- Sign, date and provide a telephone number in the appropriate spaces for the person in your office to contact for questions.

Subscriber Roster

A listing of all employees on file with each group is printed quarterly (August, November, February and May). The month for which it is printed appears directly below the title. Use this to update your records and to verify EIP records. The list provides information on each subscriber's coverage and the monthly employee premium for each of the following state benefits plans:

- State Health Plan;
- HMOs;
- State Dental;
- Dental Plus Plan; and
- Long Term Care.
- The subscriber roster is divided into sections based on subscriber type (18-month COBRA, 29-month COBRA, 36-month COBRA, regular retiree, etc.). In each of the sections, the subscriber's name is printed in alphabetical order. Each subscriber is printed by last name, first name and middle initial, with the SSN listed in the next column;
- The *LTC* column of the roster lists the age at the time units were purchased, the number and cost of units and the effective date of coverage. If the coverage was purchased for the spouse, it will be noted with an asterisk by the number of units. The total number of subscribers and the total amount of employee premiums for each state benefits plan are on the Totals Page. The Totals Page is the last page of each section of the roster;
- If a subscriber or spouse is in premium waiver status for LTC, you will receive a report each month. This report lists the subscriber's name and SSN; effective date of waiver status and the premium waived. If only the spouse is in waiver status, the spouse's SSN will be added to the report and an asterisk placed by the effective date;
- If there is a discrepancy in enrollment on the membership roster, contact EIP Operations at 803-734-0614.

Automated Subscriber Coverage Changes

Changes to regular retirees coverage due to age (turning 65) or dependents (ineligible) automatically are made to the billing statement. A report called *Automated Subscriber Coverage Changes* lists those subscribers whose premiums have been changed. The effective date of the change is listed directly below the title of the report. The subscriber's name is displayed last name, first and middle initial. The next column lists SSN, the third and fourth columns show the health and dental current and previous premiums respectively. The last column gives the reason for the change. Whenever applicable, the *Automated Subscriber Coverage Changes Report* is mailed along with the billing statement.

Collecting Premiums for Mid-month Changes

- Collect premiums for the entire month for family status changes effective **on or before the 15th** of the month;
- Do not collect premiums for the entire month for family status changes effective **after the 15th** of the month;
- Terminations due to the death of an employee **after the 15th** of the month require that premiums be collected for the entire month; and,
- Terminations due to the death of an employee **on or before the 15th** of the month do not require premiums to be collected for that month.

For Your Information

Non-Comptroller General agencies, school districts, counties and other participating entities must reconcile manually or by their own computer report. A tape of the enrollment files at EIP can be provided for any non-CG group upon request.

EIP does not issue an individual refund for a subscriber to non-CG groups. A credit is applied to the billing statement through the processing of an NOE. Each group must refund the subscriber.

2002 MoneyPlu\$ Fee Structure

MoneyPlu\$ Benefits	Monthly Fee
Pretax group insurance premium Feature: State Health Plan, HMO, State Dental Plan (all levels of coverage) and Optional Life Plan	\$0.28
Medical spending account	\$2.16
Dependent care spending account	\$2.16

Each participation feature has a fee employees pay on a pretax basis. **The tax savings generate the dollars to pay this fee and more.** The fees above are due the first month of participation. Actual collection of the fees occurs according to the employer's payroll cycle(s) and deduction schedule.

An employee paid biweekly pays the \$2.16 fee at the equivalent monthly amount to the nearest cent - \$2.16 x 12 months = \$25.92. Withholding from 26 (biweekly) paychecks equals \$1.00 per paycheck.

An employee who is paid for only nine or 10 months while covered by the plan for the entire year is responsible for 12 months of fees.

2002 Active Employee Health and Dental Plan Monthly Premiums^{1, 2}

	State Health Plan						
	Economy	Standard	Companion	Partners	MUSC Options	Dental	Dental Plus
Employee	\$ 28.70	\$ 31.72	\$ 48.74	\$ 24.66	\$ 31.90	\$ 0.00	\$ 15.50
Employee/spouse	\$ 94.56	\$ 114.02	\$ 159.50	\$ 98.90	\$108.02	\$ 7.64	\$ 29.34
Employee/children	\$ 58.32	\$ 68.74	\$ 169.78	\$ 69.10	\$ 75.38	\$ 13.72	\$ 32.02
Full family	\$130.64	\$ 159.12	\$ 320.62	\$ 182.54	\$185.70	\$ 21.34	\$ 45.86

¹Health insurance premiums for covered spouses and dependents will be waived for one year after the employee/retiree's death if the deceased employee/retiree's premium was employer-funded.

²Rates for employees of local subdivisions may vary.

2002 Monthly Insurance Rates for Part-Time Teachers

HEALTH

Category I. 15-19 Hours

COVERAGE LEVEL	EMPLOYEE					EMPLOYER
	Economy	Standard	Companion	Upstate Partners	MUSC Options	
Employee Only	132.06	135.08	152.08	128.02	135.26	103.35
Employee/Spouse	296.62	316.08	361.56	300.96	310.08	202.06
Employee/Child	214.62	225.04	326.08	225.40	231.68	156.30
Full Family	364.00	392.48	553.98	415.90	419.06	233.36

Category II. 20-24 Hours

COVERAGE LEVEL	EMPLOYEE					EMPLOYER
	Economy	Standard	Companion	Upstate Partners	MUSC Options	
Employee Only	96.92	99.94	116.94	92.88	100.12	138.49
Employee/Spouse	227.92	247.38	292.86	232.26	241.38	270.76
Employee/Child	161.48	171.90	272.94	172.26	178.54	209.44
Full Family	284.66	313.14	474.64	336.56	339.72	312.70

Category III. 25-29 Hours

COVERAGE LEVEL	EMPLOYEE			EMPLOYER		EMPLOYER
	Economy	Standard	Companion	Upstate Partners	MUSC Options	
Employee Only	63.84	66.86	83.88	59.80	67.04	171.56
Employee/Spouse	163.26	182.72	228.20	167.60	176.72	335.42
Employee/Child	111.46	121.88	222.92	122.24	128.52	259.46
Full Family	209.98	238.46	399.96	261.88	265.04	387.38

DENTAL

COVERAGE LEVEL	Category I. 15-19 Hours			Category II. 20-24 Hours			Category III. 20-24 Hours		
	Employee	Employer	Dental Plus	Employee	Employer	Dental Plus	Employee	Employer	Dental Plus
Employee Only	5.86	5.85	15.50	3.86	7.85	15.50	2.00	9.71	15.50
Employee/Spouse	13.50	5.85	29.34	11.50	7.85	29.34	9.64	9.71	29.34
Employee/Child	19.58	5.85	32.02	17.58	7.85	32.02	15.72	9.71	32.02
Full Family	27.20	5.85	45.86	25.20	7.85	45.86	23.34	9.71	45.86

2002 State-Funded Retiree Health and Dental Plans Monthly Premiums¹

(Retiree entitled to Medicare/Spouse entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	MUSC	PARTNERS	Dental	Dental Plus
Retiree	N/A	\$ 17.00	\$ 35.00	\$ 83.48	N/A	N/A	\$ 0.00	\$15.50
Retiree/spouse	N/A	\$ 89.96	\$122.96	\$236.24	N/A	N/A	\$ 7.64	\$29.34
Retiree/children	N/A	\$ 54.02	\$ 72.02	\$204.53	N/A	N/A	\$13.72	\$32.02
Full family	N/A	\$123.98	\$159.98	\$397.36	N/A	N/A	\$21.34	\$45.86
(Retiree entitled to Medicare/Spouse <i>not</i> entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	MUSC	PARTNERS	Dental	Dental Plus
Retiree/spouse	N/A	\$ 99.30	\$117.30	\$194.24	N/A	N/A	\$ 7.64	\$29.34
Full family	N/A	\$144.40	\$162.40	\$355.36	N/A	N/A	\$21.34	\$45.86
(Retiree <i>not</i> entitled to Medicare/Spouse entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	MUSC	PARTNERS	Dental	Dental Plus
Retiree/spouse	N/A	\$101.68	\$119.68	\$201.49	N/A	N/A	\$ 7.64	\$29.34
Full family	N/A	\$138.70	\$156.70	\$362.61	N/A	N/A	\$21.34	\$45.86
(Retiree <i>not</i> entitled to Medicare/Spouse <i>not</i> entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	MUSC	PARTNERS	Dental	Dental Plus
Retiree	\$ 28.70	\$ 31.72	N/A	\$ 48.73	\$ 31.90	\$ 24.66	\$ 0.00	\$15.50
Retiree/spouse	\$ 94.56	\$114.02	N/A	\$159.49	\$108.02	\$ 98.90	\$ 7.64	\$29.34
Retiree/children	\$ 58.32	\$ 68.74	N/A	\$169.78	\$ 75.38	\$ 69.10	\$13.72	\$32.02
Full family	\$130.64	\$159.12	N/A	\$320.61	\$185.70	\$182.54	\$21.34	\$45.86
(Retiree <i>not</i> entitled to Medicare/Spouse <i>not</i> entitled to Medicare/One or more children entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	MUSC	PARTNERS	Dental	Dental Plus
Retiree/children	N/A	\$ 68.74	\$ 86.74	\$169.78	N/A	N/A	\$13.72	\$32.02
Full family	N/A	\$159.12	\$177.12	\$320.61	N/A	N/A	\$21.34	\$45.86

¹Rates for local subdivisions may vary.

²If the Medicare Supplemental plan is elected, claims for covered subscribers not entitled to Medicare will be based on the Standard plan provisions.

2002 Retiree (5-10 Years, Buy-in & Age 55/25 Years)

Health and Dental Plans Monthly Premiums¹

(Retiree entitled to Medicare/Spouse entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Retiree	N/A	\$223.70	\$241.70	\$290.18	N/A	N/A	\$11.71	\$15.50
Retiree/spouse	N/A	\$491.08	\$527.08	\$640.36	N/A	N/A	\$19.35	\$29.34
Retiree/children	N/A	\$366.62	\$384.62	\$517.13	N/A	N/A	\$25.43	\$32.02
Full family	N/A	\$590.70	\$626.70	\$864.08	N/A	N/A	\$33.05	\$45.86
(Retiree entitled to Medicare/Spouse <i>not</i> entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Retiree/spouse	N/A	\$503.42	\$521.42	\$598.36	N/A	N/A	\$19.35	\$29.34
Full family	N/A	\$611.12	\$629.12	\$822.08	N/A	N/A	\$33.05	\$45.86
(Retiree <i>not</i> entitled to Medicare/Spouse entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Retiree/spouse	N/A	\$505.80	\$523.80	\$605.61	N/A	N/A	\$19.35	\$29.34
Full family	N/A	\$605.42	\$623.42	\$829.33	N/A	N/A	\$33.05	\$45.86
(Retiree <i>not</i> entitled to Medicare/Spouse <i>not</i> entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Retiree	\$235.40	\$238.42	N/A	\$255.43	\$231.36	\$238.60	\$11.71	\$15.50
Retiree/spouse	\$498.68	\$518.14	N/A	\$563.61	\$503.02	\$512.14	\$19.35	\$29.34
Retiree/children	\$370.92	\$381.34	N/A	\$482.38	\$381.70	\$387.98	\$25.43	\$32.02
Full family	\$597.36	\$625.84	N/A	\$787.33	\$649.26	\$652.42	\$33.05	\$45.86
(Retiree <i>not</i> entitled to Medicare/Spouse <i>not</i> entitled to Medicare/One or more children entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Retiree/children	N/A	\$381.34	\$399.34	\$482.38	N/A	N/A	\$25.43	\$32.02
Full family	N/A	\$625.84	\$643.84	\$787.33	N/A	N/A	\$33.05	\$45.86

¹Rates for local subdivisions may vary.

²If the Medicare Supplemental plan is elected, claims for covered subscribers not entitled to Medicare will be based on the Standard plan provisions.

2002 Survivor Health and Dental Plans Monthly Premiums¹

(Spouse entitled to Medicare/Children entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Spouse	N/A	\$223.70	\$241.70	\$290.18	N/A	N/A	\$11.71	\$15.50
Spouse/children	N/A	\$366.62	\$402.62	\$517.13	N/A	N/A	\$25.43	\$32.02
Children only	N/A	\$142.92	\$160.92 ³	\$226.95	N/A	N/A	\$13.72	\$16.52
(Spouse entitled to Medicare/Children <i>not</i> entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Spouse	N/A	\$223.70	\$241.70	\$290.18	N/A	N/A	\$11.71	\$15.50
Spouse/children	N/A	\$366.62	\$384.62	\$517.13	N/A	N/A	\$25.43	\$32.02
Children only	\$135.52	\$142.92	N/A	\$226.95	\$150.34	\$149.38	\$13.72	\$16.52
(Spouse <i>not</i> entitled to Medicare/Children entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Spouse	\$235.40	\$238.42	N/A	\$255.43	\$231.36	\$238.60	\$11.71	\$15.50
Spouse/children	N/A	\$381.34	\$399.34 ³	\$482.38	N/A	N/A	\$25.43	\$32.02
Children only	N/A	\$142.92	\$160.92 ³	\$226.95	N/A	N/A	\$13.72	\$16.52
(Spouse <i>not</i> entitled to Medicare/Children <i>not</i> entitled to Medicare)								
	Economy	Standard	Supplemental ²	Companion	PARTNERS	MUSC	Dental	Dental Plus
Spouse	\$235.40	\$238.42	N/A	\$255.43	\$231.36	\$238.60	\$11.71	\$15.50
Spouse/children	\$370.92	\$381.34	N/A	\$482.38	\$381.70	\$387.98	\$25.43	\$32.02
Children only	\$135.52	\$142.92	N/A	\$226.95	\$150.34	\$149.38	\$13.72	\$16.52

¹Plan premiums for spouses and dependents will be waived for one year after the death of a funded employee or retiree for those covered as dependents under the Plan at the time of death.

²If the Medicare Supplemental plan is elected, claims for covered subscribers not entitled to Medicare will be based on the Standard plan provisions.

³This premium applies only if one or more children are entitled to Medicare.

2002 COBRA Health and Dental Plans

Monthly Premiums 18 and 36 months

	Economy	Standard	Companion	PARTNERS	MUSC	Dental	Dental Plus
Subscriber only	\$240.11	\$243.19	\$260.54	\$235.99	\$243.87	\$11.94	\$15.51
Subscriber/spouse	\$508.65	\$528.50	\$574.88	\$513.08	\$522.38	\$19.74	\$29.93
Subscriber/children	\$378.34	\$388.97	\$492.03	\$389.33	\$395.74	\$25.94	\$32.66
Family	\$609.31	\$638.36	\$803.08	\$662.25	\$665.47	\$33.71	\$46.78
Children (age 18 and under)	\$138.23	\$145.78	\$231.49	\$153.35	\$152.37	\$13.99	\$16.85

29 MONTHS (These rates are effective the 19th month of coverage for 29-month COBRA subscribers.)

	Economy	Standard	Companion	PARTNERS	MUSC	Dental	Dental Plus
Subscriber only	\$353.10	\$357.63	\$385.15	\$347.04	\$357.90	\$11.94	\$15.81
Subscriber/spouse	\$748.02	\$777.21	\$845.42	\$754.53	\$768.21	\$19.74	\$29.93
Subscriber/children	\$556.38	\$572.01	\$723.57	\$572.55	\$581.97	\$25.94	\$32.66
Family	\$896.04	\$938.76	\$1,181.00	\$973.89	\$978.63	\$33.71	\$46.78
Children (age 18 and under)	\$203.28	\$214.38	\$340.43	\$225.51	\$224.07	\$13.99	\$16.85

2002 Optional Life Insurance Rates

(Guaranteed January 1, 2002 – December 31, 2003)

Employee's Age	<35	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 - 69
Coverage	Monthly	Premium						
	0.082	0.096	0.152	0.21	0.326	0.512	0.784	1.169
\$10,000	\$ 0.82	\$ 0.96	\$ 1.52	\$ 2.10	\$ 3.26	\$ 5.12	\$ 7.84	\$ 11.70
\$20,000	\$ 1.64	\$ 1.92	\$ 3.04	\$ 4.20	\$ 6.52	\$ 10.24	\$ 15.68	\$ 23.38
\$30,000	\$ 2.46	\$ 2.88	\$ 4.56	\$ 6.30	\$ 9.78	\$ 15.36	\$ 23.52	\$ 35.08
\$40,000	\$ 3.28	\$ 3.84	\$ 6.08	\$ 8.40	\$ 13.04	\$ 20.48	\$ 31.36	\$ 46.76
\$50,000	\$ 4.10	\$ 4.80	\$ 7.60	\$ 10.50	\$ 16.30	\$ 25.60	\$ 39.20	\$ 58.46
\$60,000	\$ 4.92	\$ 5.76	\$ 9.12	\$ 12.60	\$ 19.56	\$ 30.72	\$ 47.04	\$ 70.14
\$70,000	\$ 5.74	\$ 6.72	\$ 10.64	\$ 14.70	\$ 22.82	\$ 35.84	\$ 54.88	\$ 81.84
\$80,000	\$ 6.56	\$ 7.68	\$ 12.16	\$ 16.80	\$ 26.08	\$ 40.96	\$ 62.72	\$ 93.52
\$90,000	\$ 7.38	\$ 8.64	\$ 13.68	\$ 18.90	\$ 29.34	\$ 46.08	\$ 70.56	\$ 105.22
\$100,000	\$ 8.20	\$ 9.60	\$ 15.20	\$ 21.00	\$ 32.60	\$ 51.20	\$ 78.40	\$ 116.90
\$110,000	\$ 9.02	\$ 10.56	\$ 16.72	\$ 23.10	\$ 35.86	\$ 56.32	\$ 86.24	\$ 128.60
\$120,000	\$ 9.84	\$ 11.52	\$ 18.24	\$ 25.20	\$ 39.12	\$ 61.44	\$ 94.08	\$ 140.28
\$130,000	\$ 10.66	\$ 12.48	\$ 19.76	\$ 27.30	\$ 42.38	\$ 66.56	\$ 101.92	\$ 151.98
\$140,000	\$ 11.48	\$ 13.44	\$ 21.28	\$ 29.40	\$ 45.64	\$ 71.68	\$ 109.76	\$ 163.66
\$150,000	\$ 12.30	\$ 14.40	\$ 22.80	\$ 31.50	\$ 48.90	\$ 76.80	\$ 117.60	\$ 175.36
\$160,000	\$ 13.12	\$ 15.36	\$ 24.32	\$ 33.60	\$ 52.16	\$ 81.92	\$ 125.44	\$ 187.04
\$170,000	\$ 13.94	\$ 16.32	\$ 25.84	\$ 35.70	\$ 55.42	\$ 87.04	\$ 133.28	\$ 198.74
\$180,000	\$ 14.76	\$ 17.28	\$ 27.36	\$ 37.80	\$ 58.68	\$ 92.16	\$ 141.12	\$ 210.42
\$190,000	\$ 15.58	\$ 18.24	\$ 28.88	\$ 39.90	\$ 61.94	\$ 97.28	\$ 148.96	\$ 222.12
\$200,000	\$ 16.40	\$ 19.20	\$ 30.40	\$ 42.00	\$ 65.20	\$ 102.40	\$ 156.80	\$ 233.80
\$210,000	\$ 17.22	\$ 20.16	\$ 31.92	\$ 44.10	\$ 68.46	\$ 107.52	\$ 164.64	\$ 245.50
\$220,000	\$ 18.04	\$ 21.12	\$ 33.44	\$ 46.20	\$ 71.72	\$ 112.64	\$ 172.48	\$ 257.18
\$230,000	\$ 18.86	\$ 22.08	\$ 34.96	\$ 48.30	\$ 74.98	\$ 117.76	\$ 180.32	\$ 268.88
\$240,000	\$ 19.68	\$ 23.04	\$ 36.48	\$ 50.40	\$ 78.24	\$ 122.88	\$ 188.16	\$ 280.56
\$250,000	\$ 20.50	\$ 24.00	\$ 38.00	\$ 52.50	\$ 81.50	\$ 128.00	\$ 196.00	\$ 292.26
\$260,000	\$ 21.32	\$ 24.96	\$ 39.52	\$ 54.60	\$ 84.76	\$ 133.12	\$ 203.84	\$ 303.94
\$270,000	\$ 22.14	\$ 25.92	\$ 41.04	\$ 56.70	\$ 88.02	\$ 138.24	\$ 211.68	\$ 315.64
\$280,000	\$ 22.96	\$ 26.88	\$ 42.56	\$ 58.80	\$ 91.28	\$ 143.36	\$ 219.52	\$ 327.32
\$290,000	\$ 23.78	\$ 27.84	\$ 44.08	\$ 60.90	\$ 94.54	\$ 148.48	\$ 227.36	\$ 339.02
\$300,000	\$ 24.60	\$ 28.80	\$ 45.60	\$ 63.00	\$ 97.80	\$ 153.60	\$ 235.20	\$ 350.70

2002 Optional Life Insurance Rates (cont.)

(Guaranteed January 1, 2002 – December 31, 2003)

Employee's Age	70 - 74		75 - 79		80+
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Coverage	Monthly Premium	Coverage	Monthly Premium	Coverage	Monthly Premium
65%	1.891	42%	3.078	31.70%	5.14
\$6,500	\$ 12.30	\$4,200	\$ 12.92	\$3,170	\$ 16.30
\$13,000	\$ 24.58	\$8,400	\$ 25.86	\$6,340	\$ 32.58
\$19,500	\$ 36.88	\$12,600	\$ 38.78	\$9,510	\$ 48.88
\$26,000	\$ 49.16	\$16,800	\$ 51.72	\$12,680	\$ 65.18
\$32,500	\$ 61.46	\$21,000	\$ 64.64	\$15,850	\$ 81.46
\$39,000	\$ 73.74	\$25,200	\$ 77.56	\$19,020	\$ 97.76
\$45,500	\$ 86.04	\$29,400	\$ 90.50	\$22,190	\$ 114.06
\$52,000	\$ 98.34	\$33,600	\$ 103.42	\$25,360	\$ 130.36
\$58,500	\$ 110.62	\$37,800	\$ 116.34	\$28,530	\$ 146.64
\$65,000	\$ 122.92	\$42,000	\$ 129.28	\$31,700	\$ 162.94
\$71,500	\$ 135.20	\$46,200	\$ 142.20	\$34,870	\$ 179.24
\$78,000	\$ 147.50	\$50,400	\$ 155.14	\$38,040	\$ 195.52
\$84,500	\$ 159.78	\$54,600	\$ 168.06	\$41,210	\$ 211.82
\$91,000	\$ 172.08	\$58,800	\$ 180.98	\$44,380	\$ 228.12
\$97,500	\$ 184.38	\$63,000	\$ 193.92	\$47,550	\$ 244.40
\$104,000	\$ 196.66	\$67,200	\$ 206.84	\$50,720	\$ 260.70
\$110,500	\$ 208.96	\$71,400	\$ 219.76	\$53,890	\$ 277.00
\$117,000	\$ 221.24	\$75,600	\$ 232.70	\$57,060	\$ 293.28
\$123,500	\$ 233.54	\$79,800	\$ 245.62	\$60,230	\$ 309.58
\$130,000	\$ 245.84	\$84,000	\$ 258.56	\$63,400	\$ 325.88
\$136,500	\$ 258.12	\$88,200	\$ 271.48	\$66,570	\$ 342.16
\$143,000	\$ 270.42	\$92,400	\$ 284.40	\$69,740	\$ 358.46
\$149,500	\$ 282.70	\$96,600	\$ 297.34	\$72,910	\$ 374.76
\$156,000	\$ 295.00	\$100,800	\$ 310.26	\$76,080	\$ 391.06
\$162,500	\$ 307.28	\$105,000	\$ 323.20	\$79,250	\$ 407.34
\$169,000	\$ 319.58	\$109,200	\$ 336.12	\$82,420	\$ 423.64
\$175,500	\$ 331.88	\$113,400	\$ 349.04	\$85,590	\$ 439.94
\$182,000	\$ 344.16	\$117,600	\$ 361.98	\$88,760	\$ 456.22
\$188,500	\$ 356.46	\$121,800	\$ 374.90	\$91,930	\$ 472.52
\$195,000	\$ 368.74	\$126,000	\$ 387.82	\$95,100	\$ 488.82

2002 Dependent Life / Spouse Insurance Rates

Premiums are the same as Optional Life rates for employees based on the employees age. A spouse can be covered for a maximum of \$100,000.

2002 Dependent Life / Child(ren) Insurance Rates

Coverage Level	Monthly Premium
\$10,000	\$1.50*

* The employee pays only \$1.50 per month, regardless of the number of children covered.

2002 Monthly Employer Contributions

	<i>Employer Contribution</i>			
Coverage Level	Health	Dental	Basic Life	Basic LTD
Employee	\$194.76	\$11.71	\$.42	\$3.23
Employee/spouse	\$349.96	\$11.71	\$.42	\$3.23
Employee/children	\$275.48	\$11.71	\$.42	\$3.23
Full family	\$421.72	\$11.71	\$.42	\$3.23

2002 Long Term Care Insurance Monthly Premiums For Those Who Purchase Coverage While Actively Employed (Employees, Spouses, Parents, Parents-in-law)

Age	Cost Per \$10 Unit	Age	Cost Per \$10 Unit	Age	Cost Per \$10 Unit	Age	Cost Per \$10 Unit	Age	Cost Per \$10 Unit
20	\$0.50	35	\$1.24	49	\$3.14	63	\$ 8.44	77	\$28.52
21	\$0.54	36	\$1.32	50	\$3.36	64	\$ 9.06	78	\$31.34
22	\$0.56	37	\$1.42	51	\$3.58	65	\$ 9.72	79	\$34.24
23	\$0.60	38	\$1.50	52	\$3.82	66	\$10.56	80	\$37.16
24	\$0.64	39	\$1.62	53	\$4.08	67	\$11.50	81	\$40.02
25	\$0.68	40	\$1.74	54	\$4.40	68	\$12.52	82	\$42.74
26	\$0.70	41	\$1.86	55	\$4.76	69	\$13.68	83	\$45.30
27	\$0.76	42	\$1.96	56	\$5.12	70	\$14.94	84	\$47.76
28	\$0.80	43	\$2.12	57	\$5.52	71	\$16.32	85	\$50.18
29	\$0.86	44	\$2.26	58	\$5.94	72	\$17.88	86	\$52.50
30	\$0.90	45	\$2.42	59	\$6.38	73	\$19.58	87	\$54.74
31	\$0.96	46	\$2.58	60	\$6.84	74	\$21.48	88	\$56.90
32	\$1.04	47	\$2.78	61	\$7.34	75	\$23.60	89	\$59.18
33	\$1.10	48	\$2.96	62	\$7.88	76	\$25.96	90	\$61.58
34	\$1.16								

Premiums are based on an individual's age as of the date of application and are subject to change.

2002 Long Term Care Insurance Monthly Premiums For Those Who Purchase Coverage after Retirement (Retirees, Spouses)

Age	Cost Per \$10 Unit	Age	Cost Per \$10 Unit	Age	Cost Per \$10 Unit	Age	Cost Per \$10 Unit	Age	Cost Per \$10 Unit
20	\$0.44	35	\$1.11	49	\$2.77	63	\$ 7.95	77	\$24.46
21	\$0.48	36	\$1.17	50	\$2.96	64	\$ 8.60	78	\$26.48
22	\$0.51	37	\$1.24	51	\$3.16	65	\$ 9.30	79	\$28.47
23	\$0.54	38	\$1.32	52	\$3.39	66	\$10.07	80	\$30.38
24	\$0.58	39	\$1.42	53	\$3.65	67	\$10.91	81	\$32.14
25	\$0.60	40	\$1.52	54	\$3.95	68	\$11.82	82	\$33.70
26	\$0.64	41	\$1.62	55	\$4.27	69	\$12.80	83	\$35.04
27	\$0.68	42	\$1.74	56	\$4.62	70	\$13.87	84	\$36.24
28	\$0.72	43	\$1.86	57	\$5.00	71	\$15.03	85	\$37.33
29	\$0.76	44	\$1.98	58	\$5.40	72	\$16.29	86	\$38.30
30	\$0.81	45	\$2.13	59	\$5.84	73	\$17.65	87	\$39.17
31	\$0.87	46	\$2.26	60	\$6.30	74	\$19.15	88	\$39.92
32	\$0.92	47	\$2.42	61	\$6.81	75	\$20.79	89	\$40.65
33	\$0.97	48	\$2.60	62	\$7.35	76	\$22.56	90	\$41.38
34	\$1.03								

Premiums are based on an individual's age as of the date of application and are subject to change.

Supplemental Long Term Disability Premiums¹

Active Employees

Monthly Premium Rate

Multiply the premium factor for the employee's age and plan selection (provided) below by the employee's monthly earnings.

Employee's Age as of Preceding December 31	90 Day	180 Day
Younger than 31	.00077	.00059
31-40	.00105	.00081
41-50	.00210	.00161
51-60	.00423	.00326
61-65	.00509	.00392
66 and older	.00621	.00478

Examples of Premium Calculation

Mary is 38 years old, earns \$3,000 per month and selected plan two. Her monthly premium is $\$3,000 \times .00108 = \3.24 per month. John is 52 years old, earns \$2,250 per month and selected plan one. John's monthly premium is $\$2,250 \times .00564 = \$12.69 + .01 = \$12.70$ per month (deduction must be even).

How Salary Change Affects Premium

Standard Insurance Company bases SLTD premiums and benefits for both SLTD on an employee's age as of the previous December 31 and salary as of the previous October 1. If an employee transfers from one agency to another, until the January 1 following the date of transfer, premiums and benefits are based on the employee's earnings in effect on the date of transfer. Any change in an employee's pre-disability earnings after the employee becomes disabled will have no effect on the amount of the employee's SLTD or BLTD benefit.

¹Remember, the SLTD program is a voluntary, employee-pays-all plan. Participation is not mandatory and neither the state nor EIP pays any portion of the SLTD premium.